

UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

ANTHONY MONEYHAM

CIVIL CASE NO: 3:17 CV 2350  
(to be supplied by Clerk  
of the District Court)

(Enter above the full name of  
plaintiff in this action)

v.

UNITED STATES

TODD LUPOLD

(Enter above the full name of  
the defendant(s) in this action)

FILED  
SCRANTON

DEC 19 2017

PER SA  
DEPUTY CLERK

COMPLAINT

1. The plaintiff ANTHONY MONEYHAM a citizen of  
the County of UNION State of  
Pennsylvania, residing at UNITED STATES PENITENTIARY LEWISBURG  
wishes to file a complaint under 28 U.S.C 1346(b) AND A  
(give Title No. etc.)  
BIVEN ACTION

2. The defendant is THE UNITED STATES AND TODD LUPOLD AS  
ADMINISTRATIVE CLAIM WAS PRESENTED TO THE FEDERAL AGENCY. AN OFFER WAS  
MADE, BUT NOT ACCEPTED.

3. STATEMENT OF CLAIM: (State below the facts of your case. If you have paper  
exhibits that give further information of your case, attach them to this completed form. Use as  
much space as you need. Attach extra sheet(s) if necessary) FROM NOVEMBER 16 THROUGH THE

3. (CONTINUED) 28<sup>TH</sup> OF 2016 FOOD SERVICE HERE AT USP LEWISBURG SERVE CONTAMINATED MEALS THAT CAUSE ME TO BECOME ILL ALONG WITH NUMEROUS OF OTHER INMATES. ON 11-14-16 THE PA CAME TO THE CELL TO INFORM ME OF THE SYMPTOMS I WAS HAVING HE PRESCRIBED ME 2MG LOPERAMIDE CAPSULES. ON 11-15-16 MEDICAL BEGAN TO EXAMINE INMATES AND TAKE STOOL SAMPLES I REQUESTED TO BE SEEN DEFENDANT LUPOLD REFUSE TO HAVE ME MEDICALLY ASSESSED OR GIVE A STOOL SAMPLE. ON 11-22-16 I INFORM DEFENDANT LUPOLD THE SYMPTOMS HAD STARTED BACK AND REQUESTED MEDICAL ATTENTION HE REFUSE TO HAVE ME EXAMINE OR GIVE A STOOL SAMPLE AND PRESCRIBED ME 2MG LOPERAMIDE CAPSULES AND 625MG CALCIUM POLYCARBOPHATE TABLETS. ON 11-29-16 AND 12-3-16 DEFENDANT LUPOLD TOOK THE NAMES OF INMATES WHO WERE ILL OR HAD BEEN ILL ON BOTH OCCASIONS. I GAVE DEFENDANT (CONT)

4. WHEREFORE, plaintiff prays that THE COURT GRANT THE FOLLOWING RELIEF

A. AWARD COMPENSATORY DAMAGE IN THE FOLLOWING AMOUNT:  
\$5,500 AGAINST THE UNITED STATES FOR THE NEGLIGENCE OF THE EMPLOYEES HERE AT USP LEWISBURG IN ALLOWING CONTAMINATED FOOD TO BE SERVED FOR 16 DAYS CAUSING ME TO BECOME ILL.

B. AWARD PUNITIVE DAMAGE IN THE FOLLOWING AMOUNT:  
\$10,000 AGAINST DEFENDANT LUPOLD FOR BEING DELIBERATELY INDIFFERENT AND FAILING TO PROVIDE ME ADEQUATE MEDICAL CARE.

Anthony Monaghan  
(Signature of Plaintiff)

# CONTINUATION PAGE: STATEMENT OF FACTS

LUPID MY NAME. THE INMATES WAS TOLD TO PACK THEIR PROPERTY TAKEN TO MEDICAL GIVEN AN EXAMINATION, TREATED WITH AN ANTIBIOTIC, HOUSED ON THE FIRST FLOOR OF D-BLOCK, PROVIDED WITH GATORADE AND THEIR CELLS ON THE SECOND FLOOR WAS SANITIZED. I WAS LEFT ON THE SECOND FLOOR OF D-BLOCK WITHOUT RECEIVING ANY MEDICAL CARE OR HAVING MY CELL SANITIZED.

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: MONEYHAM, ANTHONY  
Date of Birth: 08/16/1969  
Encounter Date: 11/14/2016 10:00

Sex: M Race: BLACK  
Provider: Alama, F. MLP

Reg #: 42280-424  
Facility: LEW  
Unit: D02

Mid Level Provider - Sick Call Note encounter performed at Health Services.

**SUBJECTIVE:**

**COMPLAINT 1**      **Provider:** Alama, F. MLP

**Chief Complaint:** Diarrhea

**Subjective:** A 47 year old BM complains of watery diarrhea about 3 times today but no stomach cramps.  
He denies nausea or vomiting.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Cooperative

**Appearance**

Yes: Alert and Oriented x 3

**Head**

**General**

Yes: Atraumatic/Normocephalic

**Eyes**

**Conjunctiva and Sclera**

No: Hyperemia, Icteric

**Nose**

**General**

Yes: Nares Patent

**Lips**

**General**

Yes: Within Normal Limits

No: Vesicular Eruptions, Ulceration, Lesion(s)

**Mouth**

**General**

Yes: Within Normal Limits

**Tongue**

Yes: Smooth

No: Dryness, Glossitis

**Pharynx**

Yes: Within Normal Limits

**ASSESSMENT:**

Diarrhea, unspecified, R197 - Current

Inmate Name: MONEYHAM, ANTHONY  
 Date of Birth: 08/16/1969  
 Encounter Date: 11/14/2016 10:00

Sex: M Race: BLACK  
 Provider: Alama, F. MLP

Reg #: 42280-424  
 Facility: LEW  
 Unit: D02

**PLAN:****New Medication Orders:**

| <u>Rx#</u> | <u>Medication</u>  | <u>Order Date</u> | <u>Prescriber Order</u>  |
|------------|--------------------|-------------------|--|
|            | Loperamide Capsule | 11/14/2016 10:00  | 2 mg. Orally Mouth - three times a day x 5 day(s) – Take 2 capsules initially then 1 capsule by mouth 3 times daily until diarrhea subsides # 15 |

**Indication:** Diarrhea, unspecified

**Disposition:**

Follow-up at Sick Call as Needed

**Patient Education Topics:**

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u> | <u>Provider</u> | <u>Outcome</u>           |
|-----------------------|---------------|----------------------|-----------------|--------------------------|
| 11/14/2016            | Counseling    | Preventive Health    | Alama, F.       | Verbalizes Understanding |

Advised inmate to have bed rest and drink a small amount of liquid. Patient understood.

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Alama, F. MLP on 11/14/2016 12:14

**Bureau of Prisons  
Health Services  
Clinical Encounter**

Inmate Name: MONEYHAM, ANTHONY  
Date of Birth: 08/16/1969  
Encounter Date: 11/22/2016 07:15

Sex: M Race: BLACK  
Provider: Lupold, Todd PA-C

Reg #: 42280-424  
Facility: LEW  
Unit: D02

Mid Level Provider - Follow up Visit encounter performed at Special Housing Unit.

**SUBJECTIVE:**

**COMPLAINT 1**      Provider: Lupold, Todd PA-C

**Chief Complaint:** Diarrhea

**Subjective:** inmate reports continuing diarrhea with 2-3 loose stools per day and some abdominal cramping. no fevers, rectal bleeding, etc.

**Pain:** No

**OBJECTIVE:**

**Exam:**

**General**

**Affect**

Yes: Pleasant, Cooperative

**Appearance**

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

**ASSESSMENT:**

Diarrhea, unspecified, R197 - Current

**PLAN:**

**New Medication Orders:**

| <u>Rx#</u> | <u>Medication</u>                   | <u>Order Date</u> | <u>Prescriber Order</u>  |
|------------|-------------------------------------|-------------------|--|
|            | Calcium Polycarbophil 625 mg Tablet | 11/22/2016 07:15  | 2 tabs Orally - three times a day<br>x 5 day(s) – take with 8 ounces<br>of water |

**Indication:** Diarrhea, unspecified

**Renew Medication Orders:**

| <u>Rx#</u> | <u>Medication</u> | <u>Order Date</u> | <u>Prescriber Order</u> |
|------------|-------------------|-------------------|-------------------------|
|------------|-------------------|-------------------|-------------------------|

Inmate Name: MONEYHAM, ANTHONY  
 Date of Birth: 08/16/1969  
 Encounter Date: 11/22/2016 07:15

Sex: M Race: BLACK  
 Provider: Lupold, Todd PA-C

Reg #: 42280-424  
 Facility: LEW  
 Unit: D02

**Renew Medication Orders:**

| <u>Rx#</u> | <u>Medication</u>       | <u>Order Date</u> | <u>Prescriber Order</u>  |
|------------|-------------------------|-------------------|--|
| 168019-LEW | Loperamide Capsule 2 MG | 11/22/2016 07:15  | Take 2 capsules by mouth initially then Take one capsule (2 MG) by mouth three times daily AS NEEDED diarrhea x 5 day(s) |

**Indication:** Diarrhea, unspecified

**Disposition:**

Follow-up at Sick Call as Needed  
 Follow-up at Chronic Care Clinic as Needed

**Patient Education Topics:**

| <u>Date Initiated</u> | <u>Format</u> | <u>Handout/Topic</u>   | <u>Provider</u> | <u>Outcome</u>           |
|-----------------------|---------------|------------------------|-----------------|--------------------------|
| 11/22/2016            | Counseling    | Compliance - Treatment | Lupold, Todd    | Verbalizes Understanding |

**Copay Required:** No

**Cosign Required:** No

**Telephone/Verbal Order:** No

Completed by Lupold, Todd PA-C on 11/22/2016 15:08



**U.S. Department of Justice**  
Federal Bureau of Prisons  
United States Penitentiary  
2400 Robert F. Miller Drive  
P. O. Box 1000  
Lewisburg, PA 17837

November 30, 2016

MEMORANDUM FOR ALL USP LEWISBURG INMATE POPULATION

FROM:  David J. Ebbert, Warden  
SUBJECT: Gastrointestinal Illness

The purpose of this memorandum is to inform the inmate population of a gastrointestinal condition within the SMU population at USP Lewisburg. Inmates who have presented with symptoms (fever, diarrhea, and stomach cramping) are being isolated as well as a smaller number of unaffected inmates due to being celled and/or in direct contact with affected inmates.

We will continue with a modified schedule to include box lunches through the weekend. Commissary sales will resume on Thursday.

As a reminder, proper hygiene methods should be utilized such as frequent and effective hand washing:

1. Use warm, running water
2. Use soap whenever possible
3. Rub hands together for at least 20 seconds
4. Scrub underneath the fingernails
5. Rinse and then dry

When to wash your hands:

1. After using the toilet
2. Before eating or touching food





U.S. Department of Justice  
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2400 Robert F. Miller Drive  
P. O. Box 1000  
Lewisburg, PA 17837

30 de noviembre de 2016

MEMORÁNDUM PARA LA TODA POBLACIÓN DE RECLUSOS DE LEWISBURG USP

DE: David J. Ebbert, Alcaide

TEMA: Enfermedad Gastrointestinal

El propósito de este memorando es informar a la población reclusa de una afección gastrointestinal dentro de la población de la SMU en Lewisburg USP. Los reclusos que presentan con síntomas (fiebre, diarrea y retortijones de estómago) están siendo aislados así como un menor número de internos afectados por ser celled o en contacto directo con los internos afectados.

Vamos a seguir con un horario modificado para incluir cajas de almuerzo con el fin de semana. Ventas de Comisario se reanudarán el jueves.

Como recordatorio, deben utilizarse métodos de higiene como el lavado de manos frecuente y eficaz:

1. Caliente, agua corriente de uso
2. Usar jabón siempre que sea posible
3. Frotar las manos durante al menos 20 segundos
4. Matorrales por debajo de las uñas
5. Enjuague y luego seque

Cuándo lavarse las manos:

1. Despues de usar el inodoro
2. 2. Antes de comer o tocar alimentos

Esta es una traducción de un documento de inglés proporcionado como cortesía a aquellas no domina el inglés. Si se produce diferencias o cualquier malentendido, los documentos de registro será el documento inglés relacionado.

This is a translation of an English-language document provided as a courtesy to those not fluent in English. If differences or any misunderstandings occur, the documents of record shall be the related English-language document.

Inmate Name: ANTHONY MONE, YHAM  
Register Number: 42280-424  
United States Penitentiary LEWISBURG  
P.O. Box 1000  
Lewisburg, PA 17837

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